

10/030042

31 DEC 07 JAN 2002

Application Data Sheet

Application Information

Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: None
Computer Readable Form (CRF):: No
Number of copies of CRF:: 0
Title:: ANTI-IDIOTYPIC ANTIBODIES OF
FIBROBLAST GROWTH FACTORS AND
THEIR USE AS MEDICAMENTS
Attorney Docket Number:: 0508-1002
Request for Early
Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 6
Small Entity?:: No
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN
Middle Name::
Family Name:: PLOUËT
City of Residence:: TOULOUSE
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 29, RUE NEULET

City of Mailing Address:: TOULOUSE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-31400

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JACQUELINE
Middle Name::
Family Name:: JOUANNEAU
City of Residence:: PARIS
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 21, RUE CHARCOT

City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-75013

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-PAUL
Middle Name::
Family Name:: THIERY
City of Residence:: PARIS
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 16, RUE VAUDREZANNE

City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-75013

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PIERRE
Middle Name::
Family Name:: SAVAGNER
City of Residence:: SAINT-GREGOIRE
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 16, RUE DE CONDATE

City of Mailing Address:: SAINT-GREGOIRE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-35760

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE

Status:: Full Capacity
Given Name:: BERNARD
Middle Name:: ANDRÉ
Family Name:: MALAVAUD
City of Residence:: TOULOUSE
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 31, rue Jonquieres

City of Mailing Address:: Toulouse
State or Province of Mailing Address::
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: F-31500

Applicant Authority Type:: Inventor
Primary Citizenship Country:: France
Status:: Full Capacity
Given Name:: Sylvie
Middle Name::
Family Name:: SORDELLO
City of Residence:: Mortrabe
State or Province of Residence::
Country of Residence:: France
Street of Mailing Address:: 10, lotissement La Rose des Vents

City of Mailing Address:: Mortrabe
State or Province of Mailing Address::
Country of Mailing Address:: France
Postal or Zip Code of Mailing Address:: F-31850

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

| | |
|----------------------------------|--------|
| Representative Customer Number:: | 000466 |
|----------------------------------|--------|

Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|-----------------|-------------------|----------------------|----------------------|
| This applicatio | National Stage of | PCT/FR00/01952 | 7/6/00 |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| FRANCE | 99/08779 | 7/7/99 | Yes |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::